

NOAA DIVING PROGRAM MEDICAL EVALUATION FOR DIVING CHECKLIST

Last Name, First, MI							Exam Date	Purpose:	Initial, Recert., Annua	 .I
□ NOAA	□N	os	□NMFS	□ OAR	□ OMAO	□ NON	N-NOAA AGENC	Y (specify:)		
Unit/Location							Phone/Fax #			
									S), who shall forward months of exam/anal	
1.	Rep	ort o		xaminatio	on (SF-88 F	Rev. 10-9		•	edical Evaluation Crit	eria.
completed	d as c items	direct s: (In	ed by the N dicate test	NOAA Divi	ing Medica	l Evaluat	tion Criteria (Key	ed to SF-88), with	mination analysis mu particular attention to d). Transcribe and/o	the
		3.	12 LEAD RESTING EKG - Required for initial certification and repeated every two (2) years after the age of thirty-fix and annually after the age of fifty (50). *Attach trace or interpreted results.							
		4.	AUDIOGRAM - Required for initial certification and every 5 years thereafter. Audiogram must be in a quantitative graph of table format. *Transcribe/attach hearing test results.							
//		5.	CHEST X-RAY - A report of a 14 x 17, PA, and lateral is required for initial certification, and every 2 years after the age of 40, or whenever indicated by medical history or clinical findings. Attach interpretation.							
		6.	VISION TE	ST - Distant	, Near - Requ	uired for a	all examinations. C	olor on initial. Tonor	metry recommended ove	r age 40.
/		7.	BLOOD PR	ESSURE - I	Required for	all exami	nations. *Transcrib	e systolic/diastolic va	llues.	
/		8.	HEIGHT & WEIGHT - Required for all examinations. *Transcribe height/weight values.							
		9.	WRIST SIZE - required for height/weight table. Use a cloth tape measure on the wrist of the dominant hand, fingers extended and apart. Measure all the way around the point where there are two "knobs" just above the hand. Be sure tape goes across both bones. Note results on SF-88 item #42 under NOTES.							
		10.	COMPLETE BLOOD COUNT (CBC) - Hemoglobin, red, and white blood cell count and hematocrit are required for all examinations. Blood typing is required on the initial physical. *Transcribe/attach labs.							
		11.	URINALYS	' S - SF-88 II	tem #19 - 1,	2, 3, & 4	are required for all	examinations. *Trar	scribe/attach lab.	
		12.	DIVING FIT physician.	NESS - SF-	88 Item #16	, Purpose	of Exam - Diving; I	tem #46A: Marked q	ualified for diving by exa	mining
		13.		rimary heal					ughly addressed by the e bnormality is noted on ei	
		14.	the examin	ee must be		The revie	•	. •	cks for both examining post sign the forms. *Physi	•
			attached point the NOA					be complete. The	ere are no obvious on	nissions nor
Signature of UDS & Date							of Approval by N		NDC Receipt/File Dat	e